

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90056 035 \*\*\*550.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067688

1. Entity Name  
 RON-RON INC.

Principal Place of Business

4450 SW 95 AVENUE  
 DAVIE FL 33328

Mailing Address

4450 SW 95 AVENUE  
 DAVIE FL 33328

2. Principal Place of Business

HOME COMPUTER

Suite, Apt. #, etc.

3. Mailing Address

4450 SW 95TH AVE

Suite, Apt. #, etc.

City &amp; State

DAVIE FL

City &amp; State

Zip

33328

Country

USA

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, RON-RON  
 1600 NW 4TH ST  
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ron LUT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/12/02

Date

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 CEO  
 RON LAMBERT  
 4450 SW 95TH AVE  
 DAVIE FL 33328 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 CORPORATE SECRETARY  
 VALERIE JERNIGAN  
 4450 SW 95TH AVE  
 DAVIE FL 33328 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02

Date

954 577 6253

Daytime Phone #

CR2E034 (4/02)